

2000 UNIFORM BUSINESS REPORT (UBR)

001797 AF

DOCUMENT # A94000000324

1. Entity Name
GIA PROPERTIES OF VOLUSIA, LTD.

Principal Place of Business: 0201 N. CLYDE MORRIS BLVD. SUITE 100 DAYTONA BEACH FL 32114
Mailing Address: 0201 N. CLYDE MORRIS BLVD. SUITE 100 DAYTONA BEACH FL 32114-2765

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -3 PM 6:43



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2132442**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDBERG, PAUL B MD
0201 N. CLYDE MORRIS BLVD.
SUITE 100
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE: **1/6/00**

9. Capital Contributions as Shown on record: **\$500,000.00**
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000018173	STREET ADDRESS	200003209812-9
NAME	GIA GLOBAL INVESTING CORPORATION	CITY - ST - ZIP	-04/14/00--01077--012
STREET ADDRESS	0201 N. CLYDE MORRIS BLVD.		*****526.25 *****526.25
CITY - ST - ZIP	DAYTONA BEACH FL 32114		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report, as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** DATE: **1/6/00** Daytime Phone # _____

CR2E 003 (9/99)